## COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## METHOD OF FABRICATING A SOLDER MASK AND STRUCTURE OF A SUBSTRATE

the specification of whi	ich				
X is attached hereto	D.				
was filed on					
as Application Se	erial No	and was amended on		·	
specification, including I acknowledge the application in accordant I hereby claim for application(s) for pate	the claims, as amended the duty to disclose information of the disclose information of the disclose information of the disclose of the disclos	nd understand the content of by any amendment referred the state of Federal Regulations, § 1. der Title 35, United States Cate listed below and have ficate having a filing date be	ed to above. the patents 56(a). Code, § 119 also identifi	ability of this of any foreigr ed below any	
Number	Country	Date Filed(yyyy/mm/dd)	Yes	No	
91118368	Taiwan, R.O.C.	2002/8/15	X		
		0)		lication and to	
SEND CORRESPONDENCE TO:			DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
			da Lee		

## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Signature: Unan M

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